

**UNIVERSITY OF SOUTH CAROLINA**  
**PURCHASING DEPARTMENT**  
**PROPERTY / FURNITURE TURN-IN / TRANSFER REQUEST**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initializing Department

\_\_\_\_\_  
Account Nbr.

\_\_\_\_\_  
Fund Nbr.

\_\_\_\_\_  
Phone Nbr.

Item	Mfg. Ser. Nbr.	USC Nbr.	From Bldg / Rm Nbr.	To Bldg / Rm Nbr.	Reason	Operational	
						Yes	No

**Health and Safety has verified that these items are free of Radiation, Biological, and/or Chemical Hazards.**

\_\_\_\_\_  
Initialing Department Head Signature

\_\_\_\_\_  
Department Accepting Transferred Equipment Signature    Account Nbr. Fund Nbr. Phone Number